

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 211

County Registrar No. \_\_\_\_\_

Local Registrar No. 225

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Albert Collins

If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth Oct. 31, 1926 Month day year8. FATHER Full name Albert Collins 14. MOTHER Full maiden name Velma Corn9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona If nonresident, give place and state10. Color or race white 11. Age at last birthday 28 (Years) 16. Color or race white 17. Age at last birthday 18 (Years)12. Birthplace (city or place) Jerome Arizona 18. Birthplace (city or place) Wheatfields Arizona (State or country)13. Occupation Nature of industry Truck Driver 19. Occupation Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:59 p.m. on the date above stated. (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report

Signature

Address

Month, day, year.

Filed

Filed

Registrar.

Local Registrar.

County Registrar.

132-1031-535